

CERTIFICATE OF ASSUMED BUSINESS NAMEFILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

05 MAY -6 AM 9:55

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRET OF STATE STATE OF IDAHO

Family D	ental Center
2. The true name(s) and business address(es business under the assumed business name Name Scott R. Gardner, DDS, P.C. [14] [14] [15] [16] [17] [18] [18]	of the entity or individual(s) doing ne: Complete Address 2065 12th Avenue Rd., Nampa, ID 83686
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction	der the assumed business name is: and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: 2065 12th Avenue Rd., Nampa, ID 83686	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	nt Phone number (optional):
2065 12th Avenue Rd., Nampa, ID 83686	
nature:	Secretary of State use only Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE O5/06/2005 O5: CK: 25339 CT: 101512 RH: 81
pacity/Title: President (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATION OF STA

1 8 25.00 = 25.00 ASSUM NAME # 2

